

# STUDENT ACCIDENT CLAIM FORM

SUBMIT CLAIM FORM TO:

Universal Fidelity Life Insurance Company P. O. Box 304 Duncan OK 73534-0304 Phone: (800) 366-8354 Fax: (580) 252-3449

Section 1 - Notice of Injury (To be completed by School Official)	
Name of School District: Archdiocese of San Antonio – CYO Activities	
Name of School:	School Phone No:
Name of Injured Student:	□ Male □ Female Grade:
	ne of Injury:
Part of Body Injured:	- Dight Cide - Loft Cide
Under whose supervision?	
The accident happened while the student was participating	Non Interscholastic UIL Activity
Explain in detail how and where the injury occurred:	
Explain in detail now and where the injury occurred.	
Signature of School Official:	(Title) (Date)
******** SEE REVERSE SIDE FOR IMPORTANT CLAIM FILING INSTRUCTIONS *******	
Section 2 - Parent/Guardian Statement (To be completed by Parent/Guardian)	
	Pate of Birth: Home Phone No:
Is student covered by any insurance plan?   Yes  No Name of Other Insurance:	If yes: Personal   Medicaid  Other
Parent/Guardian Name:	Relationship to Student:
Mailing Address:	
(Street/P. O. Box)	(City) (State) (Zip)
Father's Name:	Father's Employer:
Name of Father's Insurance Company (Must be completed - If father	
Insurance Company:	Yes No
Mother's Name: Name of Mother's Insurance Company ( <u>Must be completed</u> - If mother	Mother's Employer:
Name of Insurance Company:	er has no insurance - write "None") Does this policy insure the student?
	er has no insurance - write "None") Does this policy insure the student? Yes No
I hereby authorize any insurance company, their authorized agent attended or examined the claimant to disclose, when requested to medical history, consultation, prescription or treatment, and copie	Yes No No t, hospital, physician, employer, school official or other person who has o do so, all information with respect to any injury, policy coverage, es of all hospital or medical records and itemized bills. A photo static id as the original. I swear that the above information is true and correct son who knowingly presents a false or fraudulent claim for

## **ATTENTION PARENTS**

Dear Parents,

Below are instructions for filing the claim form. Should you have any questions, contact a district representative (athletic director, athletic trainer, coach, etc.) or call the number listed below. The district is <u>NOT</u> responsible for medical payments for your child. The district may have purchased a supplemental Accident-Only Policy, not sickness and illness, which has limits of how much it will pay. If you have insurance for your child, the district policy will pay after your insurance to help reduce service charges remaining for covered benefits. If you have no other insurance for your child, this policy may pay first or primary. The district policy is a limited accident-only benefit policy and it may <u>not</u> cover all medical bills for your child. Any charges not paid by insurance are **YOUR RESPONSIBILITY**.

#### For all school-related accidents, be sure to contact a district representative (athletic trainer, coach, or administrator).

### **IMPORTANT INSURANCE TIPS**

#### Regardless of whether your child has insurance or not:

- Treatment by a licensed doctor must occur within 90 days from the date of the injury.
- Filing of a fully completed and signed claim form by the district and parent/guardian must occur within 90 days from the date of the injury. (Parent/guardian should submit form to claim administrator.)
- Filing of all bills for provider services must occur within 90 days from the date of service. It is the parent/guardian's responsibility to follow up with each provider to make certain bills are submitted on time.

#### **INSTRUCTIONS FOR FILING THE CLAIM FORM**

• A completed and signed district claim form (by the parent/guardian and district official) must be sent to:

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- Claim form may be scanned and sent electronically to <u>SAclaims@uflic.com</u> to expedite payment of the claim as bills are submitted. Be sure to include the following information with all documents/forms submitted to the claim administrator: 1) the name of school district, 2) the name of the school, 3) the name of the injured student, and 4) the date of the accident. <u>DO NOT RELY</u> on the provider or facility to submit the claim form.
  - If your child has insurance (personal, Medicaid, or other medical coverage), then you must comply with the provisions of your child's insurance.
    - File all bills with your child's insurance first.
    - Submit copies of all Explanations of Benefits (EOB) to the district claim administrator as you receive them.
    - Leave a **<u>copy</u>** of a completed district claim form with each provider.
    - Request each provider submit paper copies of all UB92 or HCFA 1500 forms (electronic form filing not available) for their services to the district claim administrator. (Address is indicated on claim form.)
  - If your child has no insurance (personal, Medicaid, or other medical coverage), then
    - Leave a **<u>copy</u>** of a completed district claim form with each provider.
    - Request each provider submit paper copies of all UB92 or HCFA 1500 forms (electronic form filing not available) for their services to the district claim Administrator. (Address is indicated on claim form). Parent/guardian must follow up with each provider to make certain bills are submitted on time.

Texas Kids First has unique access to one of the most creative innovations in the insurance industry - the Texas Kids First Provider Network (TKF Network)\* - a "no-balance bill" network of providers in the state. The network consists of medical professionals and hospitals who have agreed to treat injured students from our insured districts for the services paid and outlined in the Schedule of Benefits of the Texas Kids First Student Accident Plans when the student patient has no other insurance.

Districts that purchase accident insurance with Texas Kids First obtain access to the provider directory on our website, <u>www.texaskidsfirst.com.</u> A district representative should contact providers in your area to verify full assignment acceptance prior to making an appointment.

\*The TKF Network is made available by Texas Kids First and is not affiliated with Universal Fidelity Life Insurance Company.

#### FRAUDULENT CLAIM DISCLOSURE

Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.